

LINDEN ROSELLE SEWERAGE AUTHORITY

APPLICATION FOR EMPLOYMENT

THIS APPLICATION MUST BE COMPLETED AND SIGNED BY THE APPLICANT PERSONALLY  
PLEASE PRINT IN INK AND SIGN NAME UPON COMPLETION

NAME (IN FULL-NO INITIALS) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

POSITION REQUEST \_\_\_\_\_

EXPECTED WAGES WEEKLY/HOURLY \_\_\_\_\_

RESIDENCE ADDRESS/ADDRESSES DURING LAST THREE YEARS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN OR AN ALIEN LAWFULLY AUTHORIZED TO  
WORK IN THE UNITED STATES? \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_ GRADUATED \_\_\_\_\_

COLLEGE ATTENDED \_\_\_\_\_ GRADUATED \_\_\_\_\_

WHAT DEGREE WAS EARNED \_\_\_\_\_

BUSINESS, TECHNICAL OR VOCATIONAL SCHOOL ATTENDED \_\_\_\_\_

\_\_\_\_\_ COURSE TAKEN \_\_\_\_\_

DATES OF US MILITARY SERVICE, IF ANY, AND BRANCH OF SERVICE \_\_\_\_\_

\_\_\_\_\_

LAST THREE (3) EMPLOYERS OR WORK EXPERIENCE FOR LAST FIVE (5) YEARS

DATES	EMPLOYER NAME AND ADDRESS	DEPT. AND SUPERVISOR	REASON FOR LEAVING

I CERTIFY THAT MY ANSWERS TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND THAT THE PRE-EMPLOYMENT PHYSICAL EXAMINATION REQUESTED BY THE AUTHORITY IS TO BE MADE WITH MY CONSENT. I ALSO AGREE THAT SAID QUESTIONS AND ANSWERS SHALL FORM THE BASIS OF MY EMPLOYMENT AND GIVE THE AUTHORITY THE RIGHT TO CHECK WITH FORMER EMPLOYERS AND SECURE ADDITIONAL INFORMATION IF NECESSARY. I HEREBY RELEASE FROM ALL LIABILITY OR RESPONSIBILITY ALL PERSONS, COMPANIES, OR CORPORATIONS FURNISHING SUCH INFORMATION. I ALSO AGREE TO SUBMIT TO SUCH FUTURE EXAMINATIONS AS MAY BE REQUIRED BY THE AUTHORITY AND THE FOREGOING QUESTIONS AND ANSWERS AND MY SAID EXAMINATION MAY BE USED BY THE AUTHORITY IN WHATEVER MANNER IT MAY DESIRE. I UNDERSTAND FURTHER THAT ANY FALSE ANSWERS OR STATEMENTS MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT GROUNDS FOR IMMEDIATE DISCHARGE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ANY REFERENCES CAN BE LISTED ON THE BACK OF THIS APPLICATION.